

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000005022

1. Entity Name
LPGA GIRLS GOLF CLUB OF LARGO, INC.



Principal Place of Business

120 TANGELO DR.
PALM HARBOR, FL 34683-5536

Mailing Address

120 TANGELO DR.
PALM HARBOR, FL 34683-5536

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04212004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3343860

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, PAM
120 TANGELO DR.
PALM HARBOR, FL 34683-5536

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000127441
04/23/04-80074-014 70.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME SCOTT, PAM
STREET ADDRESS 120 TANGELO DR.
CITY - ST - ZIP PALM HARBOR, FL 346835536

TITLE D
NAME REYES, FREDDIE
STREET ADDRESS 1723 TROTTER RD.
CITY - ST - ZIP LARGO, FL 33644

TITLE D
NAME REYES, SUSAN
STREET ADDRESS 1723 TROTTER RD.
CITY - ST - ZIP LARGO, FL 33644

TITLE D
NAME BIGLEY, SCOTT
STREET ADDRESS 4181 SETON CIRCLE
CITY - ST - ZIP PALM HARBOR, FL 34683

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-04 (727)786-2918